

MDR Tracking Number: M5-04-3877-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-13-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The tizandine, Bextra, miralax powder, lidoderm patch, imitrex solution, tegaderm frame, spl/mati prov phys, promethazine hcl, oramorph sr, Lexapro and actiq LPOP from 9-1-03 through 9-30-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Finding and Decision is hereby issued this 17th day of September, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 9-1-03 through 9-30-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 17th day of September, 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Decision

RL/da

September 13, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-3877-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedic Surgery. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Records were reviewed from Drs. C and K. This 49 year old female was injured on ___ when she was walking in a parking lot of a hospital and slipped on some oil on the pavement injuring her left ankle, knee, left hip, low back, neck, left shoulder, left elbow and left wrist. She was seen for emergency care and has been treated by the above mentioned physicians. The patient

through the physical therapy and through multiple injections has failed to improve appreciably. A report from Church Hill Evaluation Center on 4-4-2004 still states that she is having severe pain in her left arm with burning, limitation of motion to her left shoulder and elbow and has dysesthesia with light palpation of her arm. She has been on numerous medications and seems to be compensated fairly well with the medications. The reports from Drs. C and K state that she developed a chronic pain syndrome that necessitated the various nerve blocks, Stellate ganglion blocks, physical therapy and work hardening programs and through all of these she has been unable to gain appreciable relief. This patient has also undergone in 2002 and 2003 biofeedback therapy, injections to the SI joint and to the bursa of the shoulder with all of these cares resulting in minimal improvement.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of tizandine, Bextra, miralax powder, lidoderm patch, imitrex solution, tegaderm frame, spl/mati prov phys, promethazine hcl, oramorph sr, Lexapro and actiq LPOP from 9-1-2003 through 9-30-2003.

DECISION

The reviewer disagrees with the previous adverse determination regarding all medications.

BASIS FOR THE DECISION

The reviewer states that the necessity for the various medications are as follows: Tizandine (Zanaflex), a muscle relaxant, is indicated; Bextra, cox-2 anti-inflammatory, which saves the platelets and reduces the chance of bleeding and has less symptoms to the gastrointestinal system; Imitrex solution for migraine headaches, which can be related to RSD and chronic pain syndrome; medications for pain with the Lidoderm patch, which is for local relief of pain that can be applied to the arm; Oramorph SR is a 12 hour Morphine, which gives long acting pain relief; Actiq LPOP, which is the fentanyl lollipop, which gives a short acting analgesic for pain relief; Tegaderm is a patch to keep the medications in place; Promethazine hcl is Phenegan for nausea, which anytime taking different narcotics could result in nausea; Lexapro, which is for depression; Miralax powder is for constipation, which is a form of glycol, which would be indicated with the use of heavy narcotics.

The reviewer states that these medications are continued with this patient with the review of various literature of Haddox Neuropsychiatric Drug Use and Pain Management from Practical Management of Pain, 1992; Loeser Pain and Overview of Lancet, 1999; Max and Gilbron Anti-depressants Muscle Relaxants fro Lippincott, 2001; Miyoshi Systematic Opiodi Analgesics, Lippincott, 2001; Onghena Anti-depressant Induced Analgesic and Chronic Non-malignant Pain from Pain, 1992; Supernaw Pharmacotherapeutic Management of Selected Pain Phenomenon Pain Management, 1998.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,